

169785

# TES IV MONTHLY WORK ASSIGNMENT STATUS REPORT

W.A. Number: 489  
W.A. Name: Sauget Sites DocRev  
EPA Primary Contact: Dave Favero  
EPA Regional Contact: Chris Liszewski  
Contractor Project Manager: [REDACTED]

REGION: V  
RCRA: \_\_\_\_\_ CERCLA: X  
Report Period: August 1987  
Firm: ICAIR  
% Project Technically Complete: <5%

## 1. PROGRESS MADE THIS REPORT PERIOD.

This Work Assignment was received on August 27. Scope and schedule of the assignment were discussed with the Primary Contact on August 28.

## 2. DELIVERABLES.

<u>Deliverable</u>	<u>Due Date</u>	<u>Date Delivered</u>
Site Presentation Package	TBD	
Project Plan	TBD	
Draft Groundwater Site Report	TBD	
Final Groundwater Site Report	TBD	

## 3. OUTSTANDING ISSUES/RESOLUTIONS.

None.

## 4. PROJECTED ACTIVITY NEXT PERIOD.

During September the Work Plan will be submitted. The receipt of background data is anticipated the first week in September and work on the presentation package will then begin.

## 5. SUBCONTRACTING.

ICAIR, Life Systems has been subcontracted to perform this document review.

The data contained in this Monthly Progress Report has been submitted in confidence and contains sensitive information and should not be disclosed to outside parties.

WORK ASSIGNMENT SUMMARY OF COST

JACOBS ENGINEERING GROUP  
251 SOUTH LAKE AVENUE  
PASADENA, CA 91101

EPA REGION 05 WA 489  
S/S ID. # K3  
SITE NAME IL, SAUGET  
FUNDING CERCLA

MONTH OF  
AUGUST '87

ESTIMATED COST	\$12,776.00
BASE FEE	156.00
TOTAL	<u>\$12,932.00</u>

MAJOR COST ELEMENTS:	CURRENT AMT. CLAIMED	CUMULATIVE AMT. CLAIMED
1. JACOBS DIRECT LABOR	\$ .00	\$ .00
2. SUBCONTRACTORS DIRECT LABOR	.00	.00
3. DIRECT MATERIALS & SUPPLIES	.00	.00
4. TRAVEL	.00	.00
5. COMMUNICATION	.00	.00
6. CONSULTANTS	.00	.00
7. SUBCONTRACTS	.00	.00
8. EQUIPMENT	.00	.00
9. TOTAL DIRECT COSTS	\$ .00	\$ .00
10. OVERHEAD		
A. JACOBS (027.50%* OF ITEM 1)	.00	.00
B. SUBCONTRACTORS	.00	.00
11. TOTAL COST, EXCLUSIVE OF G&A	\$ .00	\$ .00
12. G & A EXPENSE		
A. JACOBS (044.12%* OF ITEM 1+10A)	.00	.00
B. SUBCONTRACTORS	.00	.00
13. TOTAL COST	\$ .00	\$ .00
14. JACOBS FEE	.00	.00
15. SUBCONTRACTORS FEE	.00	.00
16. TOTAL AMOUNT CLAIMED	\$ .00	\$ .00
17. AMOUNT PREVIOUSLY REIMBURSED	.00	(.00)
18. CURRENT AMOUNT CLAIMED	\$ .00	\$ .00

\*PROVISIONAL RATE

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# WORK ASSIGNMENT FINANCIAL STATUS SUMMARY REPORT

TES - CONTRACT NO.: 68-01-7351

PERIOD ENDING 8/31/87

W.A.: 489

EPA REGION: 05

PRIMARY CONTACT: D.FAVERO

REGIONAL CONTACT: C.LISZEWSKI

PERIOD OF PERFORMANCE: 8/31/87

% OF BUDGET UTILIZED: .00

	ACTUAL COSTS		BASE PERIOD		OPTION PERIOD	
	CURRENT PERIOD	CUMULATIVE TO DATE	ESTIMATED AT COMPLETION	BUDGET AT COMPLETION	ESTIMATED AT COMPLETION	BUDGET AT COMPLETION
PROFESSIONAL HOURS	.00	.00	.00	.00	.00	.00
PROFESSIONAL DOLLARS	.00	.00	.00	.00	.00	.00
SUPPORT HOURS	.00	.00	.00	.00	.00	.00
SUPPORT DOLLARS	.00	.00	.00	.00	.00	.00
EQUIPMENT	.00	.00	.00	.00	.00	.00
TRAVEL	.00	.00	.00	.00	.00	.00
ODC S	.00	.00	.00	.00	.00	.00
SUBPOOL	.00	.00	.00	.00	.00	.00
CONSULTANTS	.00	.00	.00	.00	.00	.00
OVERHEAD/INDIRECT COSTS	.00	.00	.00	.00	.00	.00
SUBCONTRACTORS FEE	.00	.00	.00	.00	.00	.00
JACOBS FEE	.00	.00	.00	.00	.00	.00
TOTAL W.A. COSTS & FEES	.00	.00	12,932.00	12,932.00	.00	.00
OUTSTANDING COSTS		.00				
COSTS AND FEES OUTSTANDING		.00				

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Work Assignment Verification Form

Tes (2)\_\_\_(3)\_\_\_(4)\_\_\_Other

Work Assignment No. \_\_\_\_\_

Region Y

Program: RCRA or CERCLA

NOTE: Each Work Assignment Manager should review the monthly financial and progress report before verifying costs and return directly to the Regional Tes Contact by the first of each month.

\_\_\_\_\_ Sufficient Progress has been made by the contractor to support payment for work performed during the month of \_\_\_\_\_.

\_\_\_\_\_ Contractor must provide additional cost justification to enable verification of costs on this work assignment.

\_\_\_\_\_ Costs listed below should be withheld since they cannot be verified.

Comments/Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Work Assignment Manager Signature